
**Prevention Committee
Meeting Minutes of
Wednesday, March 27th, 2024
2:30 p.m. – 4:30 p.m.**

Office of HIV Planning, 340 N. 12th St., Suite 320, Philadelphia PA 19107

Present: Desiree Surplus (Co-Chair), James Ealy, Gus Grannan, Mystkue Woods, Erica Rand, Jeffrey Haskins, Keith Carter, Loretta Matus, Kenneth Cruz-Dillard

Guest: Javontae Williams (DHH), Emily McNamara (DHH), Harlan Shaw (DHH), Bill Pearson (DHH), Sigfried Aragona (DHH)

Excused: Clint Steib (Co-Chair)

Staff: Tiffany Dominique, Mari Ross-Russell, Kevin Trinh

Call to Order/Introductions: D. Surplus asked everyone to introduce themselves and called the meeting to order at 2:40 p.m.

Approval of Agenda:

D. Surplus referred to the March 2024 Prevention Committee agenda and asked for a motion to approve. **Motion:** G. Grannan motioned; D. Surplus seconded to approve the March Prevention Committee agenda via Zoom poll. **Motion passed: 6 in favor.** The March 2024 agenda was approved.

Approval of Minutes (February 28th, 2024):

D. Surplus referred to the February 2024 Prevention Committee Meeting minutes. G. Grannan wanted to add a statement that it was also a felony to not disclose HIV status before sharing needles. K. Cruz said he was not included in the February minutes attendee list. **Motion:** D. Surplus motioned; G. Grannan seconded to approve the amended February 2024 Prevention Committee meeting minutes and agenda via a Zoom poll. **Motion passed: 6 in favor.** The amended February 2024 minutes were approved.

Report of Co-chairs

D. Surplus said C. Steib was not attending because he was at the state HIV Planning Group (HPG) meeting. She reminded the committee that they were still looking for another co-chair to take C. Steib's position.

Report of Staff:

T. Dominique said S. Moletteri was not present at the meeting because they were also at the state HPG meeting.

Presentation:

-CDC NOFO Update by DHH-

J. Williams recounted the previous meeting where they presented information on the Notice of Funding Opportunity (NOFO) as well as had a discussion on the city government's position on harm reduction such as Syringe Service Programs (SSPs). The NOFO involved a CDC funded cooperative agreement to implement high-impact HIV prevention and surveillance programs. Philadelphia would receive a part of the \$2.9 billion in funding awarded nationally to support their communities over the course of 5 years.

J. Williams said the NOFO was broken down into 6 key strategies that he would detail in his presentation. Each key strategy had activities and sub-activities. The first strategy was to increase knowledge of HIV status in Philadelphia to 95% by ensuring all people with HIV receive a diagnosis as early as possible. The first activity was to implement HIV testing in health care settings, including routine opt-out HIV screening. J. Williams then read each of the sub-activities supporting the implementation of the activity. The second activity was to implement HIV testing in non-health care community settings, including self-testing. The third activity of the first strategy was to support integrated screening of HIV in conjunction with sexually transmitted infection (STI), tuberculosis (TB), viral hepatitis, and mpox screenings for a syndemic and person-centered approach. J. Williams said DHH was shifting from a status neutral strategy to a person-centered approach. J. Williams then listed the EHE activities as part of Strategy 1. The activities included funding of community pharmacies for rapid HIV testing services and implementation of express visits in community-based testing sites.

Strategy 2 was to implement a comprehensive approach to treat people with diagnosed HIV infection rapidly and to effectively achieve viral suppression. The first activity for this strategy was to link people to HIV medical care within 30 days of diagnosis, provide HIV partner services, and to refer to or provide prevention and essential services to support improved quality of life. Activity 2 centered around supporting people with diagnosed HIV to receive rapid and effective treatment and to increase viral suppression to 95%. The EHE activities for the strategy was to conduct rapid whole-person needs assessments for people newly diagnosed with HIV to linkage to case management and essential services.

Strategy 3 aimed to prevent HIV transmission by increasing PrEP coverage to 50% of estimated people with indications for PrEP, increasing PEP services, and supporting HIV prevention, including condom distribution, prevention of perinatal transmission, harm reduction, and SSP efforts. The first activity in the third strategy was to support and promote awareness and access to PrEP and PEP services. J. Williams said they had also aimed to conduct more condom distribution through PhillyKeepOnLoving and funded partners. The third activity was to support harm reduction services, including SSP and whole-person approaches to HIV prevention services. J. Williams said he knew the political climate was shifting against harm reduction and said the topic would be a continuing conversation for years to come. He said they were planning on working with their partners until things have changed. The fourth activity was to support and promote social marketing campaigns and other communication efforts to increase awareness of HIV, reduce stigma, and promote testing, prevention, and treatment. J. Williams said they would continue promotion of HIV testing, PrEP, PEP and other prevention services through PhillyKeepOnLoving. The fifth activity described DHH's goal to conduct surveillance activities and support maintaining the national goals of perinatal HIV incidence and a perinatal transmission rate of less than 1%. J. Williams described the EHE activities for this strategy. It

included providing training for health providers, promoting PrEP and TelePrEP, and reaching out to collaborate with agencies working with specific geographic areas.

In Strategy 4, DHH aimed to improve response times to HIV clusters and outbreaks to address gaps and inequalities in services for communities who need them. The first activity was to develop and maintain a cross-program Cluster Detection and Response (CDR) and coordination group to oversee CDR activities. DHH wanted to promote communication and collaboration about CDR. DHH would address gaps and inequalities in services by addressing the ongoing outbreak of HIV among people who inject drugs (PWID).

The goal of strategy 5 was to conduct HIV surveillance activities and to ensure accurate and timely actionable data. To accomplish this, DHH would collect data and report on the information found. DHH would maintain the data system and conduct data management activities. J. Williams said DHH would then conduct data analysis and report their findings to the public and HIPC. He said DHH would also review newly diagnosed cases and learn how they came to be HIV positive while linking them to care. He said they would also identify those who were out of care and link them back to care.

The goal of strategy 6 was to support community engagement in HIV planning. J. Williams noted this section of the plan was not as detailed because they were still working on fleshing out all details about their community engagement. The activities listed were conducting strategic community engagement, establishing and maintaining an HIV Planning Group and conducting and facilitating an HIV planning process and the development of the Integrated HIV Prevention and Care Plan.

With the presentation completed, J. Williams invited the committee to participate in discussion and provide their commentary. G. Grannan voiced his concern about the people who were picked up by the police for being suspected of drug use. He said those suspected were being taken to an unknown location without being tracked. J. Williams said he hoped that people's constitutional rights were not being violated. However, he said he could not comment further without more information on the topic. K. Carter said he had heard that those who were taken in by the police were given the choice of being placed in jail or sent to rehab. He was concerned that they would have no information on where suspected persons would go such as which jail or rehab they were placed in. J. Williams responded that he was in a difficult position between his responsibility to support the community and ensure the programs that the community depended on were funded. He reiterated the call to advocate their position on the topic from last month's meeting.

J. Haskins asked J. Williams how they can help gather information for the NOFO. J. Williams said they had to apply for the CDC core prevention funds every 5 years. He said this year the CDC was rolling prevention, surveillance and EHE funds together. He said the request from DHH was two-fold: to respond to the activities mentioned in the presentation and to vote on the letter of support for their application in the next HIPC meeting. M. Ross-Russell asked if he wanted the Prevention Committee and Comprehensive Planning Committee to have a joint meeting to discuss the topic. J. Williams said that would be something they would look for. He said they would form an EHE advisory group where those in this capacity would contribute their feedback and DHH would integrate this feedback into further discussions/activities. K. Carter

asked how they could reach out to people who needed care but were not exposed to outreach. J. Williams replied that they were steadily increasing the percentage of people who were virally suppressed through outreach on social media and other platforms. He said they must remind people that HIV was still a threat and help others seek preventative measures. K. Carter asked if housing could be argued as a form of prevention. J. Williams said they were creating an application where housing could be a financial incentive.

G. Grannan asked if J. Williams would forward a question to the leadership in the health department. He asked whether the city would commit to not accepting harm reduction training from federal entities without experience in harm reduction. J. Williams requested the Office of HIV Planning (OHP) to send an email with the question as an informal inquiry. He said he would have a response to the question by the next HIPC meeting. T. Dominique asked how long the committee had to submit feedback. J. Williams said the time frame was the next two weeks before the HIPC meeting.

Any Other Business:

None.

Announcements:

K. Carter announced the HIV Symposium at the DoubleTree Hotel on May 28th. He said the committee should expect an Eventbrite in the next few days. He said anyone who would stay for the full duration of the event and completed an evaluation could be eligible for a gift card.

J. Ealy said he was part of an organization called Covenant House, Federally Qualified Health Centers in Germantown. He said his organization had been having difficulty getting condoms or an acknowledgement of receipt. E. McNamara asked J. Ealy to forward his organization's contact information and they would look into the matter. M. Ross-Russell volunteered to find more information about whether there was an issue with distribution and said she would report her findings to J. Ealy.

K. Carter reminded the committee to read S. Moletteri's newsletter. J. Haskins said Arch Street United Methodist Church had a fire recently and had to scale back their homeless program. He said they were having a fundraiser at the Masonic Temple on April 17th from 5pm to 8pm. He added to his announcement that this weekend was Trans Visibility Day on Sunday. He said the William Way LGBT Community Center was hosting a vendor fair and a fashion show on that day.

Adjournment:

D. Surplus called for a motion to adjourn. **Motion:** L. Matus motioned, J. Haskins seconded to adjourn the March Prevention Committee meeting. **Motion passed:** Meeting adjourned at 4:02 p.m.

Respectfully submitted,

Kevin Trinh, staff

Handouts distributed at the meeting:

- March 2024 Prevention Committee Meeting Agenda
- February 2024 Prevention Committee Meeting Minutes

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